Early Administration of Aspirin

Confirmed Acute Myocardial Infarction





Transferred in from another hospital/emergency department. Discharged, expired, or transferred on the day of admission. Unable to determine pre-arrival setting.





(Appropriate for consideration of early administration of aspirin)

Does the patient have any of the following relative contraindications for early administration of aspirin?

- Allergy to aspirin
- Bleeding on admission
- History of internal bleeding
- History of peptic ulcer disease
- History of bleeding disorder/coagulopathy
- Chronic liver disease
- Admission platelet count < 100 x 10⁹/L
- Anemia (admission Hct < 30% or admission Hgb < 10 g/dL)
- Admission creatinine > 3 mg/dL
- Treatment with warfarin prior to admission





NO (Ideal)

Quality Indicator

Ideal patients receiving aspirin within first 24 hours of arrival
or within 24 hours prior to arrival

Ideal patients

Early Administration of Beta Blocker

Confirmed Acute Myocardial Infarction





Transferred in from another hospital/emergency department. Discharged, expired or transferred day of admission. Unable to determine pre-arrival setting.





NO

(Appropriate for consideration of early administration of beta blocker)

Does the patient have any of the following relative contraindications to beta blockers?

- Allergy or intolerance to beta blockers
- Bradycardia on admission (first pulse < 60/min and not on beta blocker prior to arrival
- Systolic blood pressure < 100 mm Hg on admission
- Heart failure on admission
- Shock on admission
- PR interval > 0.24 seconds
- Second or third degree heart block on admission EKG
- Bifascicular block on admission EKG
- COPD
- Asthma
- Peripheral vascular disease
- LVEF < 50% determined prior to admission





NO (Ideal)

Quality Indicator

Ideal patients receiving a beta blocker within 24 hours of arrival # Ideal patients

Exclude

Exclude

Exclude

Timely Reperfusion

Confirmed Acute Myocardial Infarction

YES



Transferred in from another hospital/emergency department. Discharged, expired or transferred on day of admission



NO =

NO

♣ NO

One of the following:

- ST elevation in 2 or more contiguous leads on first EKG
- Left bundle branch block on arrival EKG

Unable to determine pre-arrival setting.

Or

- ST segment elevation on arrival EKG interpretation

AND one of the following:

- Chest pain \leq 12 hours prior to arrival

Or

- Other AMI symptoms < 12 hours prior to arrival



(Appropriate for consideration of acute reperfusion)

Does the patient have any of the following relative contraindications to reperfusion?

- Bleeding on admission
- History of internal bleeding
- History of peptic ulcer disease
- History of bleeding disorder/coagulopathy
- Chronic liver disease
- Stroke/CVA on arrival
- History of stroke
- Surgery within the past 2 months
- Recent trauma
- Recent cardiopulmonary resuscitation
- Treatment with warfarin prior to arrival
- Age > 80 years
- Thrombolysis considered but rejected by patient or physician
- Cardiac catheterization ≤ 12 hours of arrival without angioplasty



Patient underwent acute reperfusion and arrival time and time of start of procedure available



YES

Quality Indicator

Median time until initiation of thrombolysis Median time until initiation of primary angioplasty

Timely Reperfusion (Alternate Version)

Confirmed Acute Myocardial Infarction





Transferred in from another hospital/emergency department. Discharged, expired or transferred on day of admission Unable to determine pre-arrival setting.





NO

One of the following:

- ST elevation in 2 or more contiguous leads on first EKG

Or

- Left bundle branch block on arrival EKG

Or

- ST segment elevation on arrival EKG interpretation

AND one of the following:

- Chest pain \leq 12 hours prior to arrival

Or

- Other AMI symptoms ≤ 12 hours prior to arrival





YES

(Appropriate for consideration of acute reperfusion)

Patient underwent acute reperfusion and arrival time and time of start of procedure available



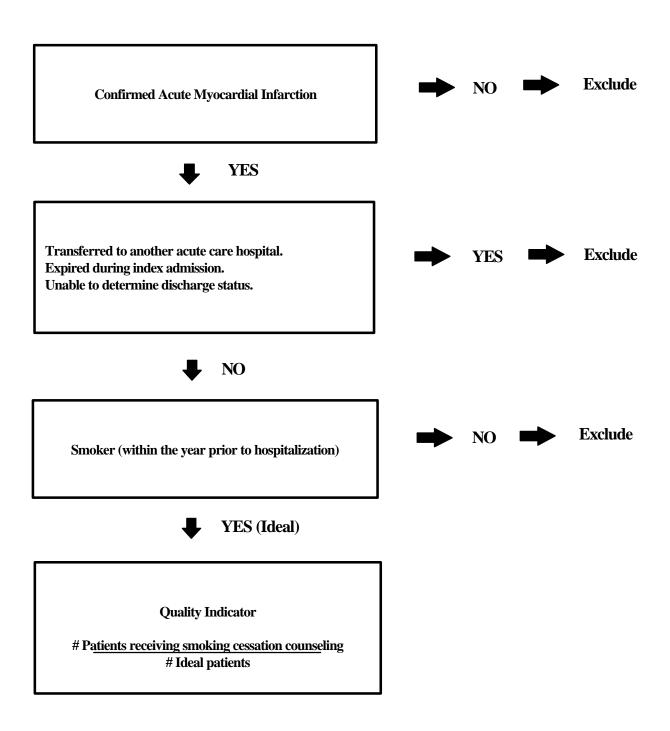


YES

Quality Indicator

Median time until initiation of thrombolysis Median time until initiation of primary angioplasty

Smoking Cessation Counseling



Aspirin at Discharge

Confirmed Acute Myocardial Infarction





YES

Transferred to another acute care hospital. Expired during index admission. Unable to determine discharge status.





NO

(Appropriate for consideration of aspirin at discharge)

Does the patient have any of the following relative contraindications to aspirin?

- Allergy to aspirin
- Reaction to aspirin during index hospitalization
- Bleeding on admission or during hospitalization
- Acute upper gastrointestinal disorder during hospitalization
- History of internal bleeding
- History of peptic ulcer disease
- History of bleeding disorder/coagulopathy
- Chronic liver disease
- Platelet count $< 100 \times 10^9/L$
- Anemia (Hct < 30% or Hgb < 10 g/dL)
- Creatinine level > 3 mg/dL
- Treatment with warfarin at discharge





NO (Ideal)

Quality Indicator

#<u>Ideal patients receiving aspirin at discharge</u> #Ideal patients

Beta Blocker at Discharge

Confirmed Acute Myocardial Infarction





Transferred to another acute care hospital. Expired during index admission. Unable to determine discharge status.





NO

(Appropriate for consideration of beta blocker at discharge)

Does the patient have any of the following relative contraindications to beta blockers?

- Allergy or intolerence to beta blockers
- Bradycardia during hospitalization
- Last pulse < 50/min and not receiving beta blocker at discharge
- Heart failure and LVEF < 50%
- LVEF < 30%
- Shock or hypotension during hospitalization
- Last systolic blood pressure < 100 mm Hg and not receiving beta blocker at discharge
- PR interval > 0.24 seconds
- Second or third degree heart block
- Bifascicular block
- COPD
- Asthma
- Peripheral vascular disease





NO (Ideal)

Quality Indicator

Ideal <u>patients receiving a beta blocker at disch</u>arge # Ideal patients

ACE Inhibitor at Discharge for Low LVEF

Exclude Confirmed Acute Myocardial Infarction YES Transferred to another acute care hospital. **Exclude** YES Expired during index admission. Unable to determine discharge status. NO **Exclude Left Ventricular Ejection Fraction < 40% YES** (Appropriate for consideration of ACE inhibitor at discharge) Does the patient have any of the following relative contraindications to ACE inhibitors? - Allergy or intolerance to ACE inhibitor YES Exclude - Reaction to ACE inhibitor during index hospitalization - Aortic stenosis - Serum creatinine > 2 mg/dL - Systolic BP < 100 mm Hg at discharge and not discharged on an ACE inhibitor NO (Ideal) **Quality Indicator** # Ideal patients receiving ACE inhibitor at discharge # Ideal patients

Beta Blocker at Discharge

Confirmed Acute Myocardial Infarction





Transferred to another acute care hospital. Expired during index admission. Unable to determine discharge status.





NO

(Appropriate for consideration of beta blocker at discharge)

Does the patient have any of the following relative contraindications to beta blockers?

- Allergy or intolerence to beta blockers
- Bradycardia during hospitalization
- Last pulse < 50/min and not receiving beta blocker at discharge
- Heart failure and LVEF < 50%
- LVEF < 30%
- Shock or hypotension during hospitalization
- Last systolic blood pressure < 100 mm Hg and not receiving beta blocker at discharge
- PR interval > 0.24 seconds
- Second or third degree heart block
- Bifascicular block
- COPD
- Asthma
- Peripheral vascular disease





NO (Ideal)

Quality Indicator

Ideal patients receiving a beta blocker at discharge # Ideal patients